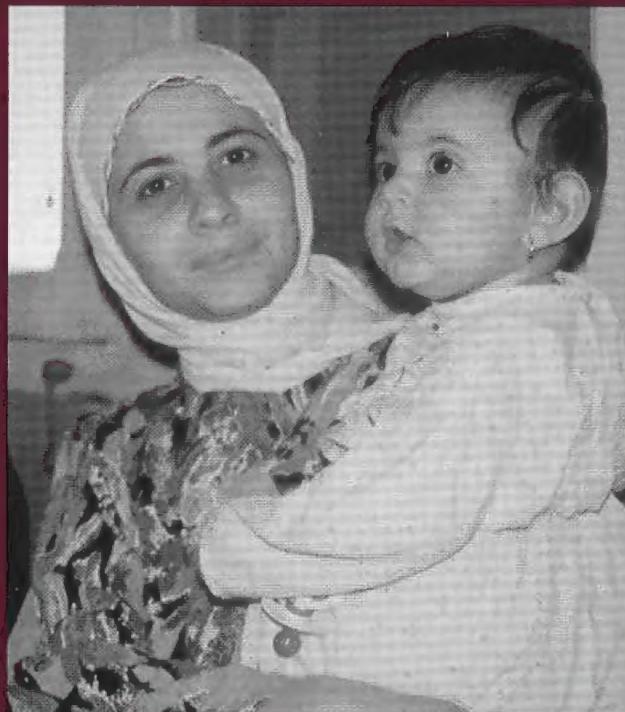


# Egypt

2000 Demographic and Health Survey

Key Findings



The Egypt Demographic and Health Survey (2000 EDHS) is the most recent in a series of nationally representative population and health surveys conducted in Egypt. The 2000 EDHS interviewed a nationally representative sample of 15,573 ever-married women age 15-49. As in previous surveys, the main purpose of the 2000 EDHS was to provide detailed information on fertility, contraceptive use, infant and child mortality, and maternal and child health and nutrition. In addition, the 2000 EDHS included two special modules, one obtaining information on female circumcision and the other collecting data on children's education. The survey results are intended to assist policymakers and planners in assessing the current health and population programs and in designing new strategies for improving reproductive health and child health services in Egypt.

The 2000 EDHS was conducted under the auspices of the Ministry of Health and Population (MOHP) and the National Population Council (NPC). Technical support for the 2000 EDHS was provided by ORC Macro through MEASURE DHS+, a project sponsored by the U.S. Agency for International Development (USAID) to assist countries worldwide in conducting surveys to obtain information on key population and health indicators. USAID/Cairo provided funding for the survey. The opinions expressed herein are those of the authors and do not necessarily reflect the views of USAID.

*Additional information about the 2000 EDHS may be obtained from the National Population Council, P.O. Box 1036, Cairo, Egypt (telephone: 5240425 or 5240505; fax: 5240219). Information about the MEASURE DHS+ project may be obtained from Macro International Inc., 11785 Beltsville Drive, Suite 300, Calverton, MD 20705 (telephone: 301-572-0200; fax: 301-572-0999; [www.measuredhs.com](http://www.measuredhs.com)).*

# 2000 EGYPT DEMOGRAPHIC AND HEALTH SURVEY

## KEY FINDINGS

### Fertility

Levels and Trends .....	1
Age at Marriage .....	1

### Family Planning Use

Levels and Trends .....	2
Family Planning Knowledge and Approval .....	2
Differentials in Family Planning Use .....	2
Discontinuation of Use .....	3
Family Planning Service Provision .....	3

### Need for Family Planning

Fertility Preferences .....	4
Unmet Need for Family Planning .....	4

### Child Mortality

Levels and Trends .....	5
Socioeconomic Differentials .....	5
Demographic Differentials .....	5

### Maternal Health

Care During Pregnancy .....	6
Delivery Care and Postnatal Care .....	7
Differentials in Coverage .....	7
Trends in Coverage .....	7

### Child Health

Childhood Vaccination Coverage .....	8
Prevalence and Treatment of Childhood Illnesses .....	8

### Nutrition Indicators for Children and Women

Nutritional Status of Children .....	9
Anemia Levels .....	9
Vitamin A Supplementation .....	10
Iodization of Salt .....	10

### Children's Education

School Attendance .....	11
Gender Differences .....	11
Attitudes About University Education .....	12

### Population and Household Living Conditions

Housing Conditions .....	13
Asset Ownership .....	13

### Key Indicators .....



JHU/CCP

# FERTILITY

The EDHS looks at a number of fertility indicators, including levels, patterns, and trends in both current and cumulative fertility; the length of birth intervals; and the age at which women marry and initiate childbearing. Information on current and cumulative fertility is essential in monitoring the progress and evaluating the impact of the population program in Egypt.

## Levels and Trends

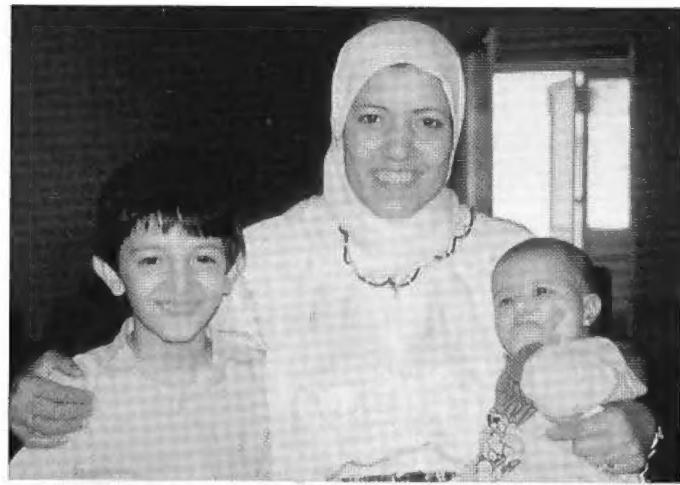
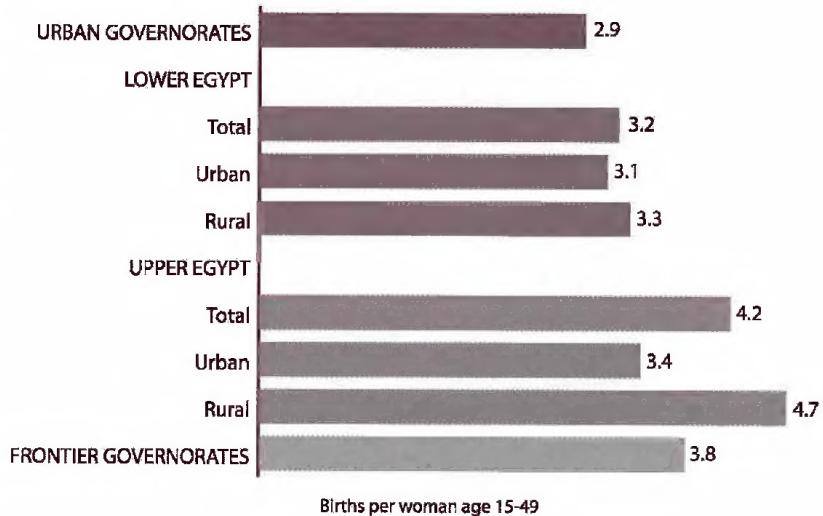
During the past 20 years, fertility in Egypt has decreased by almost two births, from 5.3 births at the time of the 1980 Egypt Fertility Survey to 3.5 births at the time of the 2000 EDHS. Rural fertility is almost one birth higher than urban fertility (3.9 births and 3.1 births per woman on average, respectively). Fertility is highest in Upper Egypt and the Frontier Governorates and lowest in the Urban Governorates.

## Age at Marriage

One of the factors influencing the on-going fertility decline in Egypt has been the steady increase in the age at which women marry. Currently, the median age at first marriage among women age 25-29 is 20.8 years, around 3 years greater than the median age at first marriage among women age 45-49.

One of the more important effects of the increase in the age at first marriage has been a reduction in childbearing in adolescence, which carries higher risks of morbidity and mortality for the mother and child, particularly when the mother is under age 18. Currently, the overall level of childbearing among women age 15-19 is 9 percent; 6 percent of those teenagers have already given birth and 3 percent are pregnant with their first child.

### How does fertility vary by place of residence?



JHU/CCP

# FAMILY PLANNING USE

Data on steps taken to control fertility is of considerable importance to family planning program planners because it gives insight into one of the principal determinants of fertility and serves as a key measure for assessing the success of the national family planning program.

## Levels and Trends

The Egyptian government's commitment to providing widely accessible family planning services has been a very important factor in the on-going fertility decline. Contraceptive use levels more than doubled in Egypt between 1980 and 2000, from 24 percent to 56 percent. The IUD continues to be by far the most widely used method; 36 percent of married women were relying on the IUD in 2000, 10 percent were using the pill, and 6 percent were using injectables.

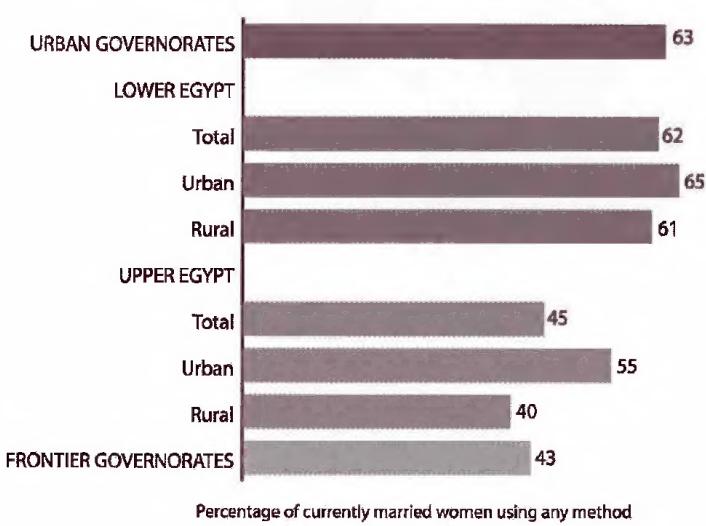
**Contraceptive use levels more than doubled in Egypt between 1980 and 2000, from 24 percent to 56 percent.**

## Family Planning Knowledge and Approval

Widespread awareness of contraceptive methods as well as nearly universal approval of family planning have been crucial elements in the expansion of family planning use. At the time of the 2000 EDHS, the average currently married woman knew about seven methods. More than eight in 10 were able to name a source for family planning methods. Exposure to broadcast messages about family planning was almost universal.

Family planning has broad support among Egyptian couples. More than nine in 10 non-sterilized currently married women approve of a couple's using family planning, and most of those women believe their husbands approve. Very few women who approve of family planning use (5 percent) think that a newly married couple should use contraception to delay their first birth. However, the majority (85 percent) consider it appropriate for a couple to begin family planning use after they have their first child.

### How does contraceptive use vary by place of residence?



## Differentials in Family Planning Use

Despite nearly universal family planning knowledge and approval, the 2000 EDHS found significant differentials in use. Use rates exceeded 60 percent in the Urban Governorates and in both urban and rural areas in Lower Egypt. In contrast, only around 40 percent of currently married women were using a method in rural Upper Egypt and the Frontier Governorates. Use rates also vary by education, ranging from 52 percent among women with no education to 61 percent among women who completed secondary school or beyond.

### Discontinuation of Use

A key concern for the family planning program is the rate at which users discontinue use of contraception and their reasons for stopping. Overall, 30 percent of users in Egypt discontinue using a method within 12 months of starting it. The rate of discontinuation during the first year of use is more than three times as high among users of pills and users of injectables as among IUD users. Users are more likely to stop using a method during the first year of use because they experienced side effects or had health concerns than for other reasons.

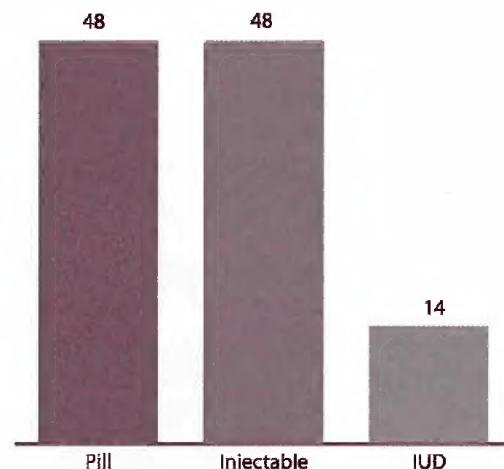
### Family Planning Service Provision

Both government health facilities and private-sector providers play an important role in the delivery of family planning services. More than half of all IUD users (54 percent) go to Ministry of Health or other governmental providers for their method. Public-sector providers are also the principal source for injectables. Eight out of 10 pill users obtain their pills from a pharmacy.

The DHS results suggest that family planning providers are not giving women adequate information to enable them to make informed choices about the methods best suited to their contraceptive needs. In particular, many users are not offered a choice of methods. Although side effects cause many users to discontinue use, many providers are not counseling women about side effects.

For example, only two out of five users who obtained their method from a clinical provider reported that they had been told about methods other than the one they adopted or about the side effects they might experience. There is even less information exchange between pill users and the pharmacists from which they obtain their methods. Fewer than one out of seven users who obtained the pill from a pharmacy received information about other methods or about the side effects they might have while using the pill.

What percentage of users discontinue during the first 12 months of use?



Lamia Jaroudi, JHU/CCP

# NEED FOR FAMILY PLANNING

*Information on fertility preferences and on the intention to use family planning in the future is of particular interest to policymakers and program managers as they seek to address the contraceptive needs of nonusers who are concerned about spacing or limiting their childbearing.*

## Fertility Preferences

Many Egyptian women are having more births than they consider ideal. Overall, 5 percent of births during the 5 years prior to the survey were reported to be mistimed—that is, wanted later—and 13 percent were unwanted. Unwanted births are disproportionately high among older women and women who already have four children or more.

**More than one in ten married women is in immediate need of family planning to avoid an unwanted or mistimed pregnancy.**

Women in those groups have been shown to be at higher risk of maternity-related illness and deaths.

## Unmet Need for Family Planning

Taking into account both their fertility desire at the time of the survey and their exposure to the risk of pregnancy, more than one out of 10 currently married women were considered to have an immediate need for family planning. That group includes women who were not using family planning but either wanted to wait 2 or more years for the next birth (4 percent) or wanted no more children (8 percent). Two-thirds of women defined as having an unmet need for family planning lived in rural areas, and a similar proportion had had less than a primary education.

Opportunities for advising such women about family planning are being missed in many cases. Almost half of the women in need of family planning had had some contact with a family planning worker or health facility during the year before the survey. In the majority of the encounters, however, family planning was not discussed. Overall, less than one woman out of 10 with an unmet need for family planning received information or advice about family planning during the year before the survey.

## What is the fertility gap?

The total wanted fertility rate represents the level of fertility that would result if women had only the number of children that they want.

A comparison of the actual fertility rate with the wanted fertility rate indicates the potential demographic impact of enabling women to achieve the family size they desire.

The 2000 EDHS results suggest that many Egyptian women are having more children than they actually want. The wanted fertility rate was an average of 2.9 births per woman, compared to the actual rate of 3.5 births.

The gap between desired and actual fertility is especially wide in rural areas in Upper Egypt, where women are having 4.7 births, one child more than they consider ideal.

# CHILD MORTALITY

*Identifying segments of the child population that are at greater risk of dying contributes to efforts to improve child survival and lower the exposure of young children to risk.*

## Levels and Trends

At the mortality level prevailing during the 5-year period before the EDHS, one out of 20 Egyptian children will die before the age of 5. The level of early childhood mortality has fallen substantially since the 1960s, when around one in four children died before reaching age 5. As the overall mortality rate has decreased, the deaths have increasingly become concentrated in the earliest months of life. In the mid-1960s, 40 percent of deaths occurred after a child's first birthday. In the late 1990s, only 20 percent of deaths under age 5 took place after the first 12 months of life.

**The level of early childhood mortality has fallen substantially since the 1960s, when nearly one in four children died before reaching age five.**

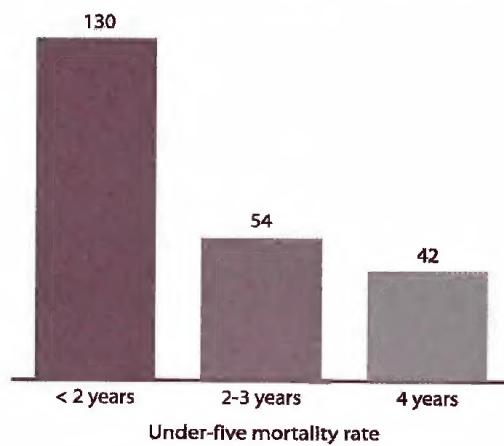
## Socioeconomic Differentials

Mortality is higher in rural than urban areas. The highest level is found in rural Upper Egypt, where the under-5 rate is roughly double that in the Urban Governorates (99 deaths per thousand births and 45 deaths per thousand births, respectively). Differentials by mother's level of education are also large. Under-5 mortality among children born to women who never attended school is more than twice as high as that among children born to mothers who have had at least a secondary education (89 deaths per thousand births and 38 deaths per thousand births, respectively).

## Demographic Differentials

The risk of dying before the fifth birthday more than triples if a child is born less than 2 years after an elder sibling, as opposed to a child born at least 4 years after. During the 5 years prior to the EDHS, almost one-quarter of non-first births occurred within 24 months of a previous birth. Breastfeeding patterns, especially the early introduction of supplemental foods, contribute to short birth intervals, by reducing the period of time a woman is amenorrheic following a birth. One Egyptian mother out of two is exposed to the risk of pregnancy within 4 months of giving birth. Other demographic factors related to higher mortality include mothers being too young (under age 18) or too old (age 35 and over) and children's high birth order (fourth order or higher).

**Short birth intervals are related to higher child mortality**



## MATERNAL HEALTH

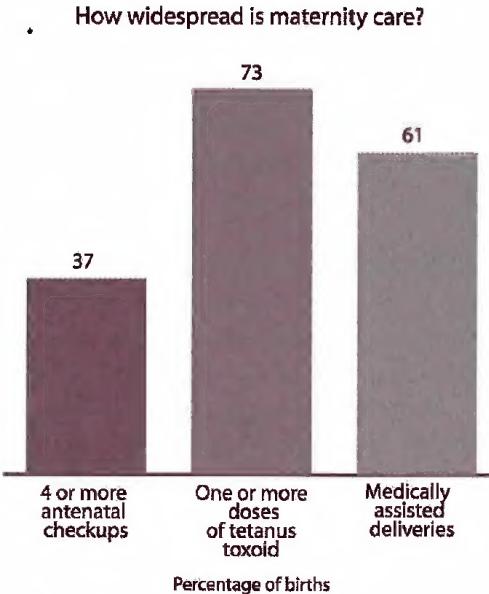
During the past decade, improving maternal health has been a major public health concern in Egypt. The 2000 EDHS measures the extent to which women are obtaining medical care during pregnancy, at the time of delivery, and in the postpartum period.

### Care During Pregnancy

Medical care during pregnancy and at childbirth reduces the risks of illness and death for both the mother and the child. Overall, women saw a medical provider for at least some type of care for 85 percent of all births that occurred during the 5-year period prior to the 2000 EDHS. Women reported that they had had antenatal care, i.e., care sought specifically to monitor the pregnancy, for half of the births. Many did not have regular antenatal care.

Mothers saw a provider for the recommended minimum number of antenatal-care visits (four) for only about a third of births.

Tetanus toxoid injections are given during pregnancy for the prevention of neonatal tetanus, an important cause of death among infants. Overall, women had one or more tetanus toxoid injection for 73 percent of births in the 5-year period before the survey.



### Content of pregnancy care

The pregnancy care that Egyptian mothers receive often does not include routine screening or advice that is important in detecting and preventing complications.

For example, women reported that they had been weighed and their blood pressure had been monitored in the case of only about 60 percent of births in which a medical provider was seen for pregnancy care.

Urine and blood samples were taken in slightly more than two out of five of the births, the mother's height was measured in one out of three of the births, and iron tablets/syrup were received or bought in around a quarter of the births.

Mothers were given advice about potential pregnancy complications in 18 percent of the births and told by the provider where to seek assistance if they experienced problems in the case of 14 percent of the births. Improving mothers' recognition of the warning signs of pregnancy complications is an important step in reducing maternal deaths.



JHU/CCP

## Female Circumcision

Results from the 2000 EDHS confirm the 1995 EDHS finding that the practice of female circumcision is virtually universal among women of reproductive age in Egypt; 97 percent of the ever-married women interviewed in the 2000 EDHS had been circumcised.

There is some evidence that support for the practice is gradually changing. Just over eight out of 10 women with daughters (81 percent) reported in 2000 that they had a daughter who was already circumcised or that they intended to have a daughter circumcised in the future. That figure represented a decrease from the proportion of women with daughters who said in 1995 that they had had, or planned to have, a daughter circumcised (87 percent).

A somewhat smaller proportion of all ever-married women also supported continuation of the practice (75 percent) at the time of the 2000 EDHS than in 1995 (82 percent).

The majority of ever-married women age 15-49 (73 percent) agree that female circumcision is an important part of religious tradition. Two-thirds of the women feel that the husband prefers the wife to be circumcised, and half of women think that circumcision prevents adultery.

Fewer women recognize adverse consequences of the practice for women. The most widely recognized problem is the lessening of sexual satisfaction (37 percent).

## Delivery Care and Postnatal Care

Trained medical personnel assisted at six out of 10 births during the 5-years prior to the 2000 EDHS. Traditional birth attendants (*Dayas*) assisted with most of the remaining deliveries. Slightly fewer than half of all deliveries took place in a health facility, with delivery care provided somewhat more often at private than governmental facilities. Around one out of 10 deliveries were by caesarean section.

Care following delivery is very important for both the mother and her child, especially if the birth occurs in the home without medical assistance. In Egypt, postnatal care was received in less than one in 10 deliveries that took place outside of a health facility.

## Differentials in Coverage

Mothers receive regular antenatal care for around half of urban births, compared to a quarter of rural births. Coverage of maternity-care services is especially low in rural Upper Egypt, where mothers receive regular antenatal care for less than a fifth of births and slightly less than two-fifths of deliveries are medically assisted. Mothers with a secondary or higher education are more than three times as likely to have regular antenatal care and more than twice as likely to have been assisted at delivery by trained medical personnel as less educated mothers.

## Trends in Coverage

Coverage of maternity care services has improved since the late 1980s. The more-than-sixfold increase in tetanus toxoid coverage during the period—from 11 percent at the time of the 1988 EDHS to 73 percent at the time of the 2000 survey—is particularly notable.

**Coverage of maternity care services has improved since the late 1980s.**

Medically assisted deliveries also have risen considerably, from a level of 35 percent in 1988 to 61 percent in 2000.

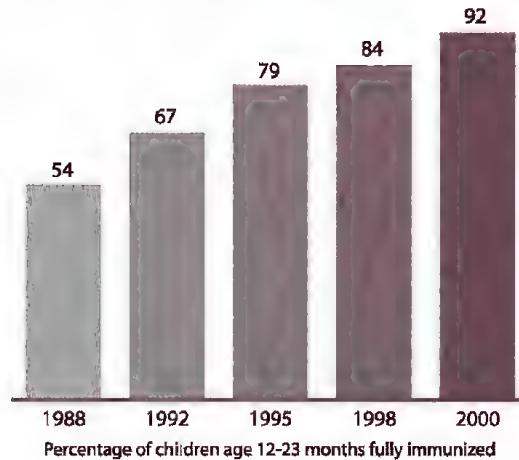
## CHILD HEALTH

For children, vaccination against six serious but preventable diseases, along with early diagnosis and treatment of common childhood illnesses, can prevent a large proportion of childhood deaths.

### Childhood Vaccination Coverage

The 2000 EDHS results show that 92 percent of children age 12-23 months are fully immunized against major preventable childhood illnesses (tuberculosis, diphtheria, whooping cough, tetanus, polio, and measles). In addition, more than 90 percent of young children have received the recommended three doses of the hepatitis vaccine as well. Vaccination levels have risen continuously since the late 1980s when only slightly more than half of children age 12-23 months were fully immunized.

Vaccination levels have risen continuously since the 1980s



### Prevalence and Treatment of Childhood Illnesses

The 2000 EDHS provided data on the prevalence and treatment of two common childhood illnesses: diarrhea and acute respiratory illness. Seven percent of children under 5 were reported to have had diarrhea in the 2 weeks preceding the survey. Medical advice was sought in about half of the cases of diarrhea. The dehydration caused by diarrhea is a major cause of death among young children. A simple, effective response to dehydration is a prompt increase in a child's fluid intake. Slightly less than half of children who had had diarrhea had received some form of ORT (either a solution prepared from packets of oral rehydration salts or a homemade mixture of sugar, salt, and water) or had been given increased fluids.

During the 2 weeks preceding the survey, 10 percent of children had had a cough accompanied by short, rapid breathing, which are symptoms of acute lower respiratory illness. A medical provider was consulted in about two-thirds of the cases.



Mohamed Faragalla

## Infant feeding practices

Infant-feeding practices have significant effects on both mothers and children.

Mothers are affected by means of the influence of breastfeeding on the length of the period of postpartum infertility.

For children, breastfeeding improves nutritional status and reduces illness and death. The timing of the introduction of complementary feeding and the types of foods introduced into an infant's diet also have significant effects on the child's nutritional status.

Breastfeeding is nearly universal in Egypt, and the average length of time that a child is breastfed is relatively long (18.4 months). Other infant-feeding practices are less optimal. Prelacteal feeding, the practice of giving liquids other than breast milk to a child during the period before the mother's milk flows freely, is common. More than one newborn out of two receives prelacteal feeds.

Only around a third of children are exclusively breastfed throughout the first 4 to 6 months of life. Exclusive breastfeeding (without any additional food or liquid) is recommended for very young infants, because it provides all necessary nutrients and prevents exposure to disease agents.

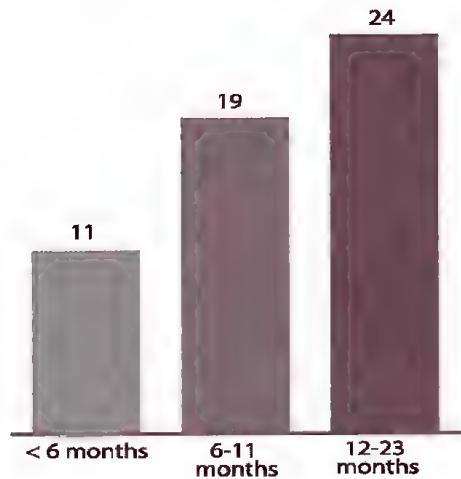
# NUTRITION INDICATORS FOR CHILDREN AND WOMEN

The 2000 EDHS examines several important aspects of the nutritional status of Egyptian children and their mothers, including the prevalence of anemia, and levels of vitamin-A supplementation and iodization of salt.

## Nutritional Status of Children

Height and weight measurements collected for children in the 2000 EDHS indicate that 19 percent of Egyptian children show evidence of chronic malnutrition or stunting, and 3 percent are acutely malnourished. The nutritional status of children under age 5 has improved since the first half of the 1990s, when 25 percent to 30 percent of children were found to be stunted. However, large differentials in children's nutritional status continue to be observed by residence. Children in rural Upper Egypt are three times as likely as children in the Urban Governorates to be stunted.

**Stunting levels more than double during the first two years of a child's life**



## Anemia Levels

Anemia, a condition characterized by a decrease in the concentration of hemoglobin in the blood, is associated with increased disease and mortality risks. The 2000 EDHS included hemoglobin testing (the primary method of anemia diagnosis) in a subsample of one-half of all EDHS households for three groups: ever-married women, children under 5 years of age, and boys and girls age 11-19.

The results of the hemoglobin testing indicate that around three out of 10 ever-married women age 15-49 had some degree of anemia. Pregnancy was also associated with elevated levels of anemia in women. More than two-fifths of pregnant women were at least mildly anemic; one out of 10 had a moderate level of anemia. Anemia during pregnancy increases the risks of maternal and infant death, premature delivery, and low birth weight.

About three out of 10 children age 6-59 months and similar proportions of boys and girls age 11-19 were found to be anemic. Young children were twice as likely as older boys and girls or women to be considered to be moderately anemic. Overall, one in nine children under age 5 was classified as moderately anemic.

### **Vitamin A Supplementation**

Vitamin A is a micronutrient found in very small quantities in some foods. It is considered essential for normal sight, growth, and development. Egypt has recently introduced a program of vitamin-A supplementation for new mothers and for young children beginning at the age of nine months. Mothers reported receiving a vitamin-A capsule within 2 months of delivery in the case of one out of 9 births during the 5-year period before the survey. Around a fifth of Egyptian children age 12-23 months had received a vitamin-A capsule during the 6-month period before the survey.

### **Iodization of Salt**

Iodine deficiency is the single most important and preventable cause of mental retardation worldwide. Egypt has adopted a program of fortifying salt with iodine to prevent iodine deficiency. Overall, 56 percent of households were found to be using salt containing some iodine.



*Mohamed Faragalla*

## CHILDREN'S EDUCATION

The 2000 EDHS included a special module that was designed to collect information on schooling patterns among children. These data provide insights into gender differences in school attendance.

### School Attendance

While most children age 6-15 were currently going to school, 16 percent either had never attended school or had attended but dropped out of school at some point before the survey. Among children who ever attended school, 14 percent had repeated at least one grade.

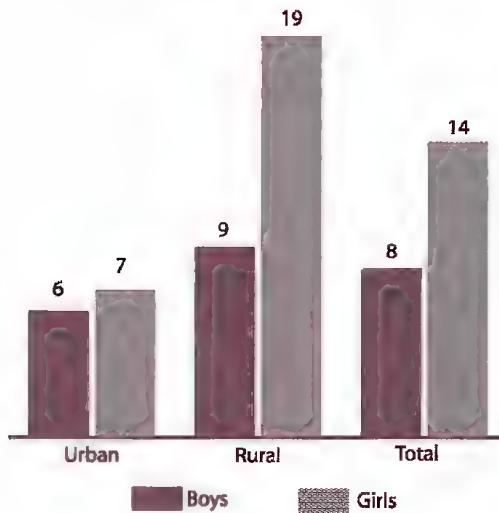
**Mothers are much more likely to say that a girl did not attend school because it was too costly or because of custom or tradition than they are to offer those reasons for a boy.**

### Gender Differences

The proportions who never attended school are nearly identical for boys and girls living in urban areas; in rural areas, there are marked differences between the rate among boys (9 percent) and that among girls (19 percent). By place of residence, the proportions who never attended school are highest in rural Upper Egypt and in the Frontier Governorates for both girls and boys.

The reasons that mothers give for children's never having attended school vary by the children's gender. Mothers are much more likely to say that a girl has never attended school because it was too costly or because of custom or tradition than they are to offer those reasons when a boy has never attended school.

Percentage of children who never attended school by gender and residence



Mohamed Faragalla

## Attitudes About University Education

The children's education module looked for evidence of son bias in educational expectations by asking all EDHS respondents about who should be sent to the university—the son or the daughter—if parents could afford to pay the costs for only one child. Slightly more than half of the women felt that the decision should be made on the basis of the children's capabilities. Among the remainder of the women, however, most thought that parents should send the son rather than the daughter. Altogether, almost two out of five women felt that parents should send the son to the university if they could afford to send only one child, compared to 7 percent who felt that the daughter should be sent.



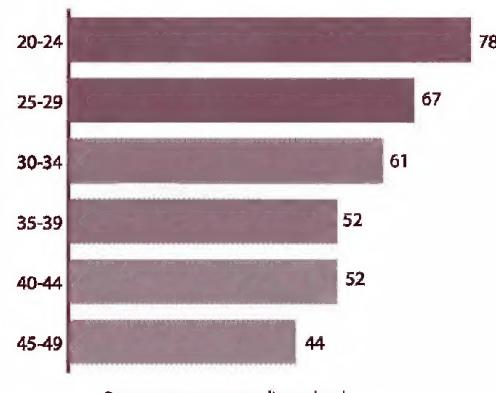
*Mohamed Faragalla*

## Improvements in Women's Education

The children's education module highlights the differences that continue to exist in school attendance patterns for boys and girls in Egypt, particularly in rural areas. An examination of education status information from the EDHS for women age 20-49 documents the substantial improvements in women's educational levels that have taken place over the past several decades.

Among women age 45-49, for example, more than half had never attended school, and only 15 percent had completed secondary school or higher. In contrast, only around a fifth of women age 20-24 had never attended school, and more than half of women age 20-24 had completed at least the secondary level. Nearly a fifth of women age 20-24 had attended a college or university or had other post-secondary education.

Trend in women's school attendance by age



## POPULATION AND HOUSEHOLD LIVING CONDITIONS

*Housing conditions both reflect the socioeconomic level of the household and influence the health status of household members. Ownership of consumer durables also provides an indication of the household's socioeconomic level.*

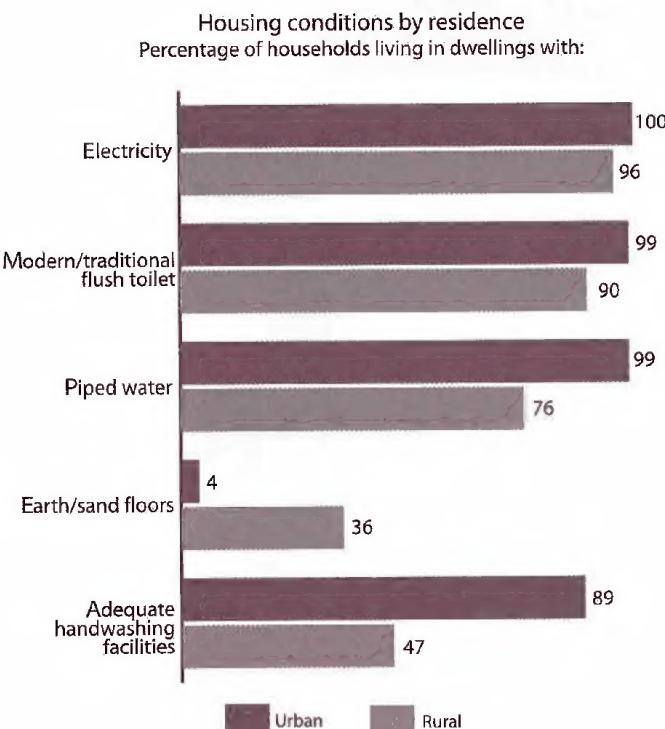
### Housing Conditions

Almost all Egyptian households live in dwellings with electricity and a flush toilet (either modern or with a traditional bucket flush). Only 6 percent of households (mainly in rural areas) reported that they used a pit or latrine or had no facilities. Almost all urban households have access to piped water, compared to three-quarters of rural households. About a third of rural households live in dwellings with dirt or sand floors, compared to less than 5 percent of urban households.

Hand washing is an important means of preventing the spread of diseases. Around two-thirds of households were observed to have all of the elements needed for hand washing (water, soap or ash, and a basin) available for use by household members at the time of the survey visit. Urban households are much more likely than rural households to have all of the handwashing elements available.

### Asset Ownership

The 2000 Egypt DHS included a series of questions on households' ownership of consumer durables. Around nine out of 10 households were reported owning a television, more than eight out of 10 households had a washing machine and a radio with a cassette recorder, and about two-thirds owned a refrigerator and a fan. In contrast, the proportions who owned some means of transportation were small: 14 percent of households owned a bicycle, 8 percent a private car, and 2 percent a motorcycle.



# KEY INDICATORS

	Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt	Frontier Governorates	Total
<b>DEMOGRAPHIC SITUATION</b>							
<b>Fertility</b>							
Total fertility rate	3.1	3.9	2.9	3.2	4.2	3.8	3.5
Total wanted fertility rate	2.6	3.1	2.5	2.6	3.4	3.0	2.9
<b>Mortality</b>							
<i>Deaths per 1000 births in the ten years before the survey:</i>							
Infant mortality rate	43	62	37	45	71	37	55
Under-five mortality rate	53	79	45	59	90	46	69
<b>REPRODUCTIVE HEALTH</b>							
<b>Safe motherhood</b>							
<i>Among births in the five years before the survey:</i>							
Mothers who received regular antenatal care from a medical provider (%)	54	26	56	39	27	29	37
Births delivered in health facility (%)	70	35	76	52	34	40	48
Mothers with medical assistance at delivery (%)	81	48	84	65	48	60	61
<b>High-risk childbearing</b>							
Adolescents age 15-19 who have begun childbearing (%)	5	11	5	8	11	5	9
Non-first births born within 24 months of a previous birth (%)	21	26	22	22	27	27	24
<b>Family planning</b>							
<i>Among currently married women:</i>							
Women knowing any method (%)	100	100	100	100	100	100	100
Women currently using (%)							
Any method	61	52	63	62	45	43	56
IUD	41	31	44	41	25	20	36
Pill	10	9	8	10	9	13	10
Injectables	4	8	4	7	6	6	6
Women with an unmet need for family planning (%)	9	13	7	9	16	15	11
<b>Female circumcision</b>							
Ever-married women 15-49 who are circumcised (%)	95	99	93	99	98	76	97
Ever-married women who believe practice should continue (%)	63	85	56	81	80	60	75

	Urban	Rural	Urban Governorates	Lower Egypt	Upper Egypt	Frontier Governorates	Total
<b>CHILD HEALTH</b>							
<b>Vaccinations</b>							
Births whose mothers received a tetanus toxoid vaccination during pregnancy (%)	70	74	62	79	70	64	73
Children 12-23 months fully immunized against six major preventable childhood illnesses (%)	93	92	92	93	92	86	92
Children 12-23 months receiving three doses of hepatitis vaccine (%)	93	93	92	93	93	84	93
<b>Treatment of childhood illnesses</b>							
Children with diarrhea treated with some form of oral rehydration therapy or given increased fluids (%)	38	52	30	52	48	31	47
Children with acute respiratory illness receiving medical advice (%)	77	61	80	69	62	62	66
<b>MATERNAL HEALTH AND NUTRITION</b>							
<b>Breastfeeding</b>							
Median duration of any breastfeeding (months)	17	19	16	18	19	18	18
<b>Child malnutrition</b>							
Among children under age five:							
Children who are stunted (%)	14	22	9	16	26	17	19
Children who are wasted (%)	2	3	2	3	2	1	3
<b>Anemia</b>							
Children age 6-59 months with anemia (%)	24	34	17	29	36	38	30
Ever-married women age 15-49 with anemia (%)	27	31	30	28	31	37	29
<b>Micronutrient supplementation</b>							
Births whose mothers received a Vitamin A capsule within two months of delivery (%)	15	9	13	12	9	7	11
Children 12-23 months receiving Vitamin A capsule during 6 months before the survey (%)	27	20	28	23	20	19	23
Households using salt containing some iodine (%)	65	47	65	49	57	78	56